

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 179
Registered No. 213

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____

2. Full name of child Carl Leland Brown (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 8-21-25
Month Day Year

8. FATHER
Full name John Leland Brown
9. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.
10. Color or race white
11. Age at last birthday 22 (Years)
12. Birthplace (city or place) Safford Ariz.
(State or country)
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Mary Freda Williams
15. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.
16. Color or race white
17. Age at last birthday 18 (Years)
18. Birthplace (city or place) Kentucky
(State or country)
19. Occupation
Nature of industry Housewife

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:25 A m. on the date above stated
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature W. Adams
Globe Ariz.
(Physician or midwife)

Given name added from a supplemental report _____ Address _____
Month, day, year

Registrar

Filed 8/31, 1925, W. W. Koch
Registrar

325-821-462

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.